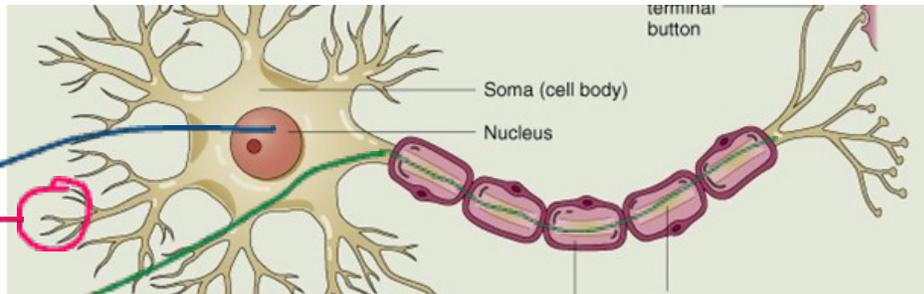


#1 Complete the following Questions:

1. Abnormal flexion posturing term Decorticate
2. Abnormal extension posturing term Decerebrate
3. Which one of the above is worse and why?
 - a. Decerebrate is more severe of the two because of the more serious damage that decerebrate posturing does at the rubrospinal tract.
4. Which of the following parts of a neuron transmits impulses away from the cell body?
 - a. Dendrite
 - b. Axon**
 - c. Neurolemma
 - d. Synapse
5. Which part of the brain controls breathing?
 - a. Medulla**
 - b. Cerebellum
 - c. Cerebrum
 - d. Thalamus
6. When caring for a patient who has just undergone a lumbar puncture, which of the following nursing actions takes the highest priority?
 - a. Have the patient lie flat for 6-8 hours**
 - b. Keep the patient NPO for 4 hours
 - c. Monitor the patient's pedal pulses every 4 hours
 - d. Encourage the patient to cough and deep breathe
7. What type of diuretic is Mannitol? Osmotic diuretic
8. Which of the following blood pressure changes alerts the nurse to increasing ICP, and should be reported immediately?
 - a. Gradual increase
 - b. Rapid drop followed by gradual increase
 - c. Widening pulse pressure**
 - d. Rapid fluctuations

9. Label 3 structures on the neuron (image) and the functions of each



→ **Dendrite** – A portion of the neuron that conducts impulses towards the cell body.

→ **Axon** – A portion of the neuron that conducts impulses away from the cell body.

→ **Nucleus** – Central area where protein synthesis takes place.

Matching

10. E Aphasia

A. Paralyzed on one side of the body

11. C Dysphagia

B. Double vision

12. A Hemiplegia

C. Difficulty swallowing

13. B Diplopia

D. Imbalanced, staggering gait

14. D Ataxia

E. In ability to speak or understand language

#2 Complete each table:

Early Signs and Symptoms of Increased ICP	Late Signs and Symptoms of Increased ICP
Slurred Speech	Stupor or coma
Headache	Strange postures (decorticate or decerebrate)
Disorientation/confusion	Pupil changes
	Hypertension
	Bradycardia

Nursing Interventions to help decrease or at least not increase ICP	Thing to avoid with a patient who has increased ICP
Inspect insertion site Q24 hours	Hypercarbia
Elevating HOB to at least 30 degrees	Suctioning
Maintaining a normal body temperature	Coughing
Preventing fluid volume overload	Blowing nose
	HOB less than 30 degrees
	Increased intrabdominal pressure

#3 Utilize the powerpoint notes, <https://nurse.org/articles/glasgow-coma-scale/> or <https://www.brainline.org/article/what-glasgow-coma-scale> to complete following practice problems.

Patient Description	GCS score
Adult, spontaneously looks around. When you speak to the patient, they can tell you who they are, where they are and why, and the date, and obey simple commands.	15
Adult, opens eyes and extends left elbow when you put pressure on left nail bed. No response on the right. Makes no sounds, and opens eyes in response to nail bed pressure.	5
Adult, can obey simple commands and opens their eyes when they hear you speak. They can talk to you in sentences and seem a little confused and unsure of where they are.	13
Adult, opens their eyes when they hear you shouting for help. They groan and make sounds which you cannot recognise as words. They do not respond to pain.	6
Adult, moves hand towards head when you apply pressure above the eye socket. They are disoriented but able to form sentences. They open their eyes in response to speech.	12
Adult, unable to speak or open eyes, and has no response to pain.	3
Adult, flexes their elbow and wrist when you put pressure on the nail bed. They do not open their eyes at all. They make grunting noises but no words.	6
Infant, extends its elbows in response to pain, is inconsistently inconsolable and moans, and opens its eyes in response to pain.	7
Adult, extends their elbow when you put pressure on the nail bed. They can talk in sentences and are disorientated. They are unable to open their eyes.	7
Adult, moves their hand away when you apply	9

pressure to the nail bed. The patient can make words but not form sentences. They open their eyes to pain, but not to speech.	
Adult, opens their eyes when you say their name, and speaks to you in words that make no sense. When you apply pressure on their nail bed, they move their arm away.	10
Adult, opens eyes when you speak to them, and can hold a conversation, though seems disorientated. Patient flexes elbow and wrist when you put pressure on the nail bed.	10

What is the worse GCS score a person can have?

- 3

What score do we usually need intubate as they cannot protect their airway anymore?

- 8 or less

A score of 11 or greater is good prognosis for recovery?

#4 CVA

Two types:

Ischemic: caused by thrombotic or embolic blockage of blood flow to brain (83%)

Hemorrhagic: bleeding into brain tissues (17%)

Right CVA will have left sided paralysis and defects of the left visual field.

Left-sided CVA will have right sided visual field loss and hemiparesis occurs on the right side.

Discuss the 3 causes of CVA:

1. High blood pressure (hypertension)
2. Smoking
3. Diabetes
4. Heart Disease

Warning signs of a stroke:

- Sudden numbness in face, arm, or leg
- Sudden confusion

- Trouble speaking or difficulty understanding speech
- Lack of coordination
- Sudden trouble seeing in one or both eyes.

CVA Management: Medical, Surgical and Nursing

	Type: Ischemic Stroke	Type: Hemorrhage Stroke
Medical	Injections of alteplase	Intravenous phytonadione
Surgical	Carotid Endarterectomy (CEA)	Craniotomy to remove blood and relieve pressure on the brain.
Nursing	Evaluate the patient's vital signs, measuring blood glucose and performing bedside dysphagia screen/assessment.	Evaluate the patient's vital signs, measuring blood glucose and performing bedside dysphagia screen/assessment.

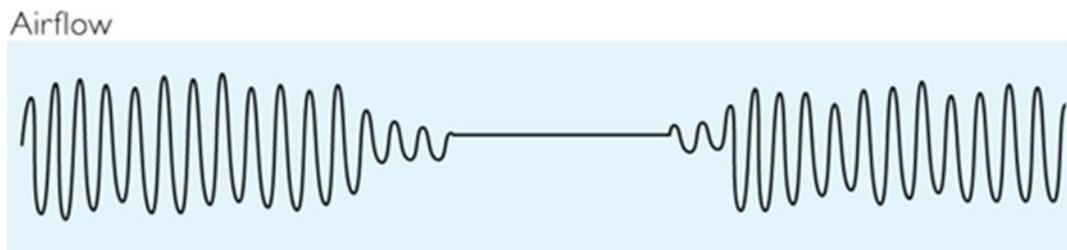
Go to this website and complete the 10 questions on Stroke – once you achieve an 80% or higher – take a screenshot and paste it below

<https://www.khanacademy.org/test-prep/nclex-rn/nclex-practice-questions/nclex-rn-questions/e/nclex-rn-questions-on-stroke-1-1>

The screenshot shows a web browser window with the URL [khanacademy.org/test-prep/nclex-rn/nclex-prac...](https://www.khanacademy.org/test-prep/nclex-rn/nclex-prac...). The browser's address bar and tabs are visible at the top. The main content area features the Khan Academy logo and navigation icons. Below the logo, the text "NCLEX-RN questions" is displayed, followed by the title "NCLEX-RN questions on stroke 1". Social media sharing options for Google Classroom, Facebook, Twitter, and Email are listed. A large dark blue banner at the bottom contains the text "Keep going. Keep growing. 💪" and "Alfonso Crane 10/10 correct · 850 energy pts". A blue "Done" button is located in the bottom right corner of the banner.

#5 Answer the following questions:

1. What substances does the brain allow to cross the blood brain barrier?
 - Glucose, ions, and other special molecules
2. What substances does the brain not allow to cross the blood brain barrier?
 - Lipid-soluble substances – oxygen, carbon dioxide.
3. Pattern of breathing noted below – when and why might you see this



- Cheyne-Stokes breathing pattern noted above.
 - This usually occurs when someone is asleep and is due to the changes in the apnea threshold. It is often related to heart failure or stroke, or conditions related to the brain such as TBIs, or brain tumors.
4. 3 Signs of skull Fracture that you may see in a patient?
 - Headache that does not go away
 - Nausea and vomiting that does not go away
 - Slurred speech
 5. What is a positive Babinski sign and is it normal or abnormal?
 - A reflex action of the toes.
 - Indicative of abnormalities in the motor control pathways leading from the cerebral ones.
 6. This is the “worst headache of my life”, it comes on severe and sudden could indicate what kind of hematoma?
 - Subarachnoid hemorrhage
 7. Will a lumbar or cervical spinal cord injury have more damage to the patient? Why?
 - A cervical spinal cord injury will have more damage to the patient because of its location to the brain and affecting a larger portion of the body compared to a lumbar injury.

8. What is the most critical assessment and earliest indicator of changes for neurological patients?
 - Level of consciousness

9. What is Cushing's Triad? When will you see this?
 - Cushing's Triad are the three primary signs that often indicate and increase in intracranial pressure.
 - i. Increased systolic blood pressure
 - ii. Increased pulse
 - iii. Decreased respirations